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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/072,432	02/08/2002	Phyllis B. Siegel	1050-5	3909

7590 06/23/2003

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EXAMINER

CARRILLO, BIBI SHARIDAN

ART UNIT

PAPER NUMBER

1746

DATE MAILED: 06/23/2003

6

Please find below and/or attached an Office communication concerning this application or proceeding.

# AMENDMENT CHECKLIST

(REVISED AMENDMENT FORMAT – VOLUNTARY PERIOD ONLY)

E

Application: 10072432  
Legal Instruments Examiner: Ann E  
Date of Amendment: 6-10-03

A review of applicant's amendment submitted under the revised amendment format reveals:

- ☐ 1. The amendment fully complies with the voluntary revised amendment format.
- ☒ 2. Complete Claim Listing. A complete listing of all of the claims is not present in the amendment paper.
  - ☐ a. Applicant presents only currently amended claims.
  - ☒ b. Applicant presents all claims except those claims, which are canceled.
  - ☐ c. Applicant fails to present the text of all claims under examination.
- ☐ 3. Ascending Order. The claims of this amendment paper have not been presented in ascending numerical order.
- ☐ 4. Status Identifiers. No status identifiers (following each claim number) have been presented.
  - ☐ a. Some status identifiers (following each claim number) have not been presented.
  - ☐ c. Claims are presented with an incorrect or inconsistent status identifier.  
Claim(s) no. \_\_\_\_\_
- ☐ 5. Separate Sheet. Each section of the amendment does not begin on a separate sheet.
- ☐ 6. Markings in Non-Amended Claims. Claims not currently amended are marked up.
- ☐ 7. Groupings. Applicant has incorrectly grouped non-consecutive groups of canceled or withdrawn claims.
- ☐ 8. Revised Format – Specification Only. Only the specification is supplied using the revised amendment format. Applicant has submitted amendments to the claims using a clean version and a marked up version.
- ☐ 9. Other \_\_\_\_\_

**RETURN THIS CHECKLIST TO THE TEAM LEADER.**

**\*IF THE AMENDMENT FAILS TO COMPLY WITH THE VOLUNTARY REVISED AMENDMENT FORMAT, SUBMIT THIS CHECKLIST, THE AMENDMENT, & THE APPLICATION FILE TO THE TEAM LEADER.**